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     (FILE 'HOME' ENTERED AT 11:39:28 ON 13 JUN 2006)

     FILE 'MEDLINE, CAPLUS, BIOSIS, EMBASE' ENTERED AT 11:40:01 ON 13 JUN 2006
L1         57936 S (CARVEDILIL OR SPIRONOLACTONE OR ATENOLOL)
L2           321 S L1 AND (WEIGHT GAIN)
L3           196 S L2 AND PY > 1998
L4           183 DUP REM L3 (13 DUPLICATES REMOVED)
L5           125 S L2 NOT PY >1998
L6            95 DUP REM L5 (30 DUPLICATES REMOVED)
L7             0 S (CARVEDILIL AND WEIGHT GAIN)
L8             0 S (CARVEDILIL)
L9          8946 S CARVEDILOL
L10           27 S L9 AND WEIGHT GAIN
L11           24 DUP REM L10 (3 DUPLICATES REMOVED)

=> s l11 not py > 1998
L12            2 L11 NOT PY > 1998

=> d 1-2 bib ab

L12  ANSWER 1 OF 2     MEDLINE on STN
AN   1999013389     MEDLINE
DN   PubMed ID: 9799045
TI   Antihypertensive therapy and insulin sensitivity: do we have to redefine
     the role of beta-blocking agents?.
AU   Jacob S; Rett K; Henriksen E J
CS   Department of Endocrinology, IV Medical Clinic, Eberhard-Karls-University,
     Tubingen, Germany.. snjacob@med.uni-tuebingen.de
SO   American journal of hypertension : journal of the American Society of
     Hypertension, (1998 Oct) Vol. 11, No. 10, pp. 1258-65.  Ref: 44
     Journal code: 8803676. ISSN: 0895-7061.
CY   United States
DT   Journal; Article; (JOURNAL ARTICLE)
     General Review; (REVIEW)
LA   English
FS   Priority Journals; Space Life Sciences
EM   199902
ED   Entered STN: 23 Feb 1999
     Last Updated on STN: 24 Jan 2002
     Entered Medline: 10 Feb 1999
AB   Essential hypertension is, at least in many subjects, associated with a
     decrease in insulin sensitivity, whereas glycemic control is (still)
     normal.  Metaanalyses of hypertension intervention studies revealed
     different efficacy of treatment on cerebral (cerebrovascular accidents
     [CVA]) and cardiac (coronary heart disease [CHD]) morbidity and mortality.
     Although CVA were reduced to an extent similar to that anticipated, the
     decrease in CHD was less than expected.  These differences are likely to
     be caused by the different impact of concomitant cardiovascular risk
     factors, such as dyslipidemia, impaired glucose tolerance, and
     non-insulin-dependent diabetes mellitus on CHD and CVA.  Frequently these
     cardiovascular risk factors are ineffectively controlled in hypertensive
     patients, and moreover, some of the widely used antihypertensive agents
     have unfavorable side effects and further deteriorate these particular
     metabolic risk factors.  Therefore, the metabolic side effects of
     antihypertensive treatment have received more attention.  During the past
     few years, studies demonstrated that most antihypertensive agents modify
     insulin sensitivity in parallel with alterations in the atherogenic lipid
     profile.  Alpha1-blockers and angiotensin converting enzyme inhibitors
     were shown to either have no impact on or even improve insulin resistance
     and the profile of atherogenic lipids, whereas most of the calcium channel
     blockers were found to be metabolically inert.  The diuretics and
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beta-adrenoreceptor antagonists further decrease insulin sensitivity and worsen dyslipidemia. The mechanisms by which beta-adrenoreceptor antagonist treatment exert its disadvantageous effects are not fully understood, but several possibilities exist: significant body **weight gain**, reduction in enzyme activities (muscle lipoprotein lipase and lecithin cholesterol acyltransferase), alterations in insulin clearance and insulin secretion, and, probably most important, reduced peripheral blood flow due to increase in total peripheral vascular resistance. Recent metabolic studies found beneficial effects of the newer vasodilating beta-blockers, such as dilevalol, **carvedilol** and celiprolol, on insulin sensitivity and the atherogenic risk factors. In many hypertensive patients, elevated sympathetic nerve activity and insulin resistance are a deleterious combination. Although conventional beta-blocker treatment was able to take care of the former, the latter got worse; the newer vasodilating beta-blocker generation seems to be capable of successfully treating both of them.

L12 ANSWER 2 OF 2 EMBASE
AN 96224182 EMBASE
DN 1996224182
TI Too many beta-blockers.
SO Drug and Therapeutics Bulletin, (1996) Vol. 34, No. 7, pp. 49-52. .
ISSN: 0012-6543 CODEN: DRTBAE
CY United Kingdom
DT Journal; (Short Survey)
FS 018 Cardiovascular Diseases and Cardiovascular Surgery
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
ED Entered STN: 14 Aug 1996
Last Updated on STN: 14 Aug 1996
AB Fifteen beta-blockers are marketed in the UK for systemic use. For their main indications alone - the treatment of hypertension and angina pectoris - over 70 differently named generic and proprietary products exist, often in several formulations, some combined with a diuretic or calcium antagonist. In this article, we discuss the use of beta-blockers generally and consider which are required to meet clinical needs

> d 1-9 bib ab

L17 ANSWER 1 OF 9 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
AN 1999430629 EMBASE
TI Social anxiety disorder: A common, underrecognized mental disorder.
AU Bruce T.J.; Saeed S.A.
CS Dr. T.J. Bruce, Anxiety and Mood Disorders Clinic, Dept. of Psychiatry/Behavioral Med., Univ. of Illinois Coll. of Medicine, 5407 N. University St., Peoria, IL 61614, United States. tjbruce@uic.edu
SO American Family Physician, (15 Nov 1999) Vol. 60, No. 8, pp. 2311-2322. .
Refs: 36
ISSN: 0002-838X CODEN: AFPYAE
CY United States
DT Journal; General Review
FS 017 Public Health, Social Medicine and Epidemiology
032 Psychiatry
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
ED Entered STN: 29 Dec 1999
Last Updated on STN: 29 Dec 1999
AB Social phobia is a highly prevalent yet often overlooked psychiatric disorder that can cause severe disability but fortunately has shown responsiveness to specific pharmacotherapy and psychotherapy. Recognition of its essential clinical features and the use of brief, targeted screening questions can improve detection within family practice settings. Cognitive behavioral therapy, with or without specific antidepressant therapy, is the evidence-based treatment of choice for most patients. Adjunctive use of benzodiazepines can facilitate the treatment response of patients who need initial symptom relief. The use of beta blockers as needed has been found to be helpful in the treatment of circumscribed social and performance phobias. Treatment planning should consider the patient's preference, the severity of presenting symptoms, the degree of functional impairment, psychiatric and substance-related comorbidity, and long-term treatment goals.

L17 ANSWER 2 OF 9 MEDLINE on STN
AN 1999400351 MEDLINE
DN PubMed ID: 10469850
TI Idiopathic edema.
AU Kay A; Davis C L
CS Divisions of Nephrology and Transplantation, University of Washington Medical Center, Seattle, WA, USA.
SO American journal of kidney diseases : the official journal of the National Kidney Foundation, **(1999 Sep)** Vol. 34, No. 3, pp. 405-23. Ref: 77
Journal code: 8110075. E-ISSN: 1523-6838.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LA English
FS Priority Journals
EM 199909
ED Entered STN: 5 Oct 1999
Last Updated on STN: 21 May 2001
Entered Medline: 21 Sep 1999
AB Idiopathic edema is a syndrome of real or perceived excessive **weight gain**. This article reviews what is known about the possible causes, evaluation, and treatment. Although the cause is unknown but often thought to be due to secondary hyperaldosteronism, primary abnormalities of the hypothalamus, thyroid, dopaminergic release or renal dopaminergic metabolism, vascular basement membrane, or capillary

sphincter control could perhaps contribute in some patients. The diagnosis requires careful attention to possible abnormalities of the liver, heart, kidneys, gastrointestinal tract, thyroid, and pancreas. The history must include an evaluation for risks of bulimia and purging; diuretic and laxative screening should be performed. Specific records of daily weights, urinary outputs, and menstral cycle dates are useful. Treatment may include dietary counseling to provide weight control and a constant carbohydrate intake, treatments for depression, compression stockings, **spironolactone**, amiloride, angiotensin II inhibitors, or sympathomimetic agents, depending on the severity and timing of the patient's symptoms. Unfortunately, idiopathic edema may be a multifactorial disorder that has not been completely delineated. Further research into possible causative mechanisms is required before a more useful algorithm for evaluation and treatment is available.

L17 ANSWER 3 OF 9 EMBASE
AN 1999118136 EMBASE
TI Long-term renal sodium handling in patients with cirrhosis treated with transjugular intrahepatic portosystemic shunts for refractory ascites.
AU Wong W.; Liu P.; Blendis L.; Wong F.
CS Dr. F. Wong, 9EN/220, Toronto Hospital, 200 Elizabeth Street, Toronto, Ont. M5G 2C4, Canada
SO American Journal of Medicine, (1999) Vol. 106, No. 3, pp. 315-322. .
Refs: 29
ISSN: 0002-9343 CODEN: AJMEAZ
PUI S 0002-9343(99)00029-7
CY United States
DT Journal; Article
FS 006 Internal Medicine
028 Urology and Nephrology
037 Drug Literature Index
048 Gastroenterology
LA English
SL English
ED Entered STN: 29 Apr 1999
Last Updated on STN: 29 Apr 1999
AB PURPOSE: The long-term effects of transjugular intrahepatic portosystemic shunts on renal sodium excretion are not known. We sought to determine these long-term effects, as well as to measure the effects of a sodium load in patients who are free of ascites. SUBJECTS AND METHODS: Ten patients with cirrhosis who had been successfully treated with transjugular intrahepatic portosystemic stent shunt for refractory ascites were studied before the shunt and again at 6 and 14 months after the shunt while on a 22 mmol sodium/day diet. At 14 months they were also studied on a 200 mmol sodium/day diet for 7 days without diuretics. Renal sodium handling, central blood volume, neurohumoral factors, and hepatic function were measured. RESULTS: Sodium balance was negative at 6 months (urinary sodium excretion [mean ± SD] 51 ± 11 mmol/day versus 7 ± 2 mmol/day pre-shunt; $P < 0.05$), was maintained at 14 months (22 ± 4 mmol/day; $P < 0.05$ versus pre-shunt), and was associated with normalization of renin activity and aldosterone levels, but not norepinephrine levels, as well as significantly improved renal hemodynamic measurements. Sodium loading with 200 mmol/day resulted in **weight gain** associated with increased central blood volume and appropriate renal sodium handling in most but not all patients (urinary sodium excretion 188 ± 14 mmol/day), despite persistent nonsuppressibility of sympathetic hyperactivity. CONCLUSIONS: In cirrhotic patients with refractory ascites treated with a transjugular intrahepatic portosystemic stent shunt, long-term renal sodium handling is improved. Adequate intravascular filling in ascites-free cirrhotic patients with normal portal pressure permits an improved but not normalized renal response to a sodium load, possibly due to persistently elevated sympathetic activity. Therefore, these patients should increase their sodium intake cautiously.

L17 ANSWER 4 OF 9 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
AN 1999325769 EMBASE
TI Orlistat: First of a new generation of drugs for the treatment of obesity.
AU Anderson J.W.; Konz E.C.
CS Dr. J.W. Anderson, Medical Services, VA Medical Center, 2250 Leestown Road, Lexington, KY 40511, United States. jwanders@aol.com
SO Today's Therapeutic Trends, (1999) Vol. 17, No. 3, pp. 243-255. .
Refs: 46
ISSN: 0741-2320 CODEN: TTTRDH
CY United States
DT Journal; General Review
FS 003 Endocrinology
006 Internal Medicine
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
ED Entered STN: 30 Sep 1999
Last Updated on STN: 30 Sep 1999
AB Obesity, which affects approximately one-third of the entire U.S. population, is associated with an estimated 300,000 deaths annually. Few anti-obesity drugs have been available, due to problems of potential substance abuse and dependency, and most recently by the widely reported increased risk of pulmonary hypertension and heart valve abnormalities with use of the fenfluramine class of serotonergic agents. The newly approved absorption phase inhibitor, orlistat (Xenical®), acts locally to inactivate gastric and pancreatic lipases and thus reduce the absorption of dietary fat. As it is not systemically absorbed, orlistat does not appear to be associated with significant drug-drug interactions or any increased medical risks. At the recommended dosage of 120 mg t.i.d., over one year more than 45% of orlistat patients had a loss of >5% of initial body weight, and 35% did so over two years, compared with fewer than 25% of patients who received placebo. A weight loss of over 10% was achieved by approximately 20% of the orlistat group, vs. <10% of placebo patients. Subsequent average body weight regain, a major problem following weight loss, was also significantly lower with orlistat (27.7%) than with placebo (45.9%). Adverse reactions are generally minor and gastrointestinal in nature, resulting from decreased fat absorption. Orlistat has also demonstrated an effect on reducing total, and LDL, cholesterol levels independent of weight loss, helping reduce the progression of diabetes in susceptible patients.

L17 ANSWER 5 OF 9 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN
AN 1999244245 EMBASE
TI Depression in women: Diagnostic and treatment considerations.
AU Bhatia S.C.; Bhatia S.K.
CS Dr. S.C. Bhatia, Mental Hlth./Behavioral Sci. Dept., Dept. of Veterans Affairs Med. Ctr., 4101 Woolworth Ave., Omaha, NE 68105, United States
SO American Family Physician, (15 Jun 1999) Vol. 60, No. 1, pp. 225-240. .
Refs: 38
ISSN: 0002-838X CODEN: AFPYAE
CY United States
DT Journal; General Review
FS 010 Obstetrics and Gynecology
032 Psychiatry
037 Drug Literature Index
LA English
SL English
ED Entered STN: 2 Aug 1999
Last Updated on STN: 2 Aug 1999
AB Women experience depression twice as often as men. The diagnostic

criteria for depression are the same for both sexes, but women with depression more frequently experience guilt, anxiety, increased appetite and sleep, **weight gain** and comorbid eating disorders.
Women may achieve higher plasma concentrations of antidepressants and thus may require lower dosages of these medications. Depending on the patient's age, the potential effects of antidepressants on a fetus or neonate may need to be considered. Research indicates no increased teratogenic risk from in utero exposure to selective serotonin reuptake inhibitors (SSRIs) and tricyclic antidepressants. SSRIs are effective in treating premenstrual dysphoric disorder and many comorbid conditions associated with depression in women. Psychotherapy may be used alone in women with mild to moderate depression, or it may be used adjunctively with antidepressant drug therapy. Women who have severe depression accompanied by active suicidal thoughts or plans should usually be managed in conjunction with a psychiatrist.

L17 ANSWER 6 OF 9 MEDLINE on STN
AN 1999289074 MEDLINE
DN PubMed ID: 10362228
TI Influence of beta-adrenergic antagonists on cell proliferation rates in the kidney of untreated and diethylnitrosamine-treated male F344 rats.
AU Cardani R; Ragnotti G; Radaelli G; Zavanella T
CS Dipartimento di Biologia, Facolta di Scienze, Universita di Milano, Italy.
SO Chemico-biological interactions, **(1999 Apr 15)** Vol. 118, No. 3, pp. 217-31.
Journal code: 0227276. ISSN: 0009-2797.
CY Ireland
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199906
ED Entered STN: 12 Jul 1999
Last Updated on STN: 12 Jul 1999
Entered Medline: 24 Jun 1999
AB Some nongenotoxic chemicals which cause kidney tumors have been shown to stimulate tubular cell proliferation. The aim of this study was to evaluate the effects of two beta-adrenoreceptor blocking agents, propranolol and **atenolol**, on cell proliferation rates in the kidneys of male F344 rats. Immunohistochemical expression of proliferating cell nuclear antigen (PCNA) and mitotic index have been examined in formalin-stored kidneys from F344 rats used in an initiation-promotion study of carcinogenesis. Cell proliferation rate was quantified in the proximal tubule epithelium. Non-initiated rats and rats initiated with a single dose of diethylnitrosamine (DEN, 200 mg/kg, i.p.) were continuously treated with propranolol (75-100 mg/kg) or **atenolol** (300 mg/kg) by gavage and were sacrificed after 2, 4, 8 or 21 months of experimentation. There were two control groups, one untreated (D1) and one given distilled water by gavage (D1). Control group D1 showed significantly lower cell proliferation rates than the D0 group. In non-initiated rats, propranolol had a weak enhancing effect on cell proliferation, most evident after 4 months, while **atenolol** had a clear enhancing effect most evident after 8 months of promoting regimen. Treatment with DENalone resulted in a significant increase in cell proliferation rate as compared to group D1. In DEN-initiated rats given propranolol, there was a borderline significant increase in cell proliferation rates, compared to rats given DEN alone, after 8 months of promoting regimen. **Atenolol** had no effect. Because of the differences in body **weight gain** and food consumption observed among the various groups, it is suggested that the state of nutrition may have obscured the effects of beta-blockers on cell proliferation rates.

L17 ANSWER 7 OF 9 EMBASE

AN 1999379294 EMBASE
TI Veno-occlusive disease of the liver after chemotherapy for acute lymphoblastic leukemia: A case report.
AU Serdaroglu G.; Serdaroglu E.; Arslanoglu S.; Ortac R.; Umutlu N.; Kayserili E.; Gulez P.; Vergin C.
CS G. Serdaroglu, Department of Pediatric Diseases, Dr. Behcet Uz Cocuk Egitim, Arastirma Hastanesi, Izmir, Turkey
SO Turkish Journal of Cancer, (1999) Vol. 29, No. 3, pp. 136-140. .
Refs: 20
ISSN: 1019-3103 CODEN: TJCAFH
CY Turkey
DT Journal; Article
FS 016 Cancer
025 Hematology
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
LA English
SL English
ED Entered STN: 18 Nov 1999
Last Updated on STN: 18 Nov 1999
AB The veno-occlusive disease (VOD) of the liver is a disorder caused by the non-thrombotic occlusion of the central veins of hepatic lobules. In this report, we describe a case of a seven-years-old boy who did not have preexisting liver disease and developed veno-occlusive disease of the liver while receiving chemotherapy for acute lymphoblastic leukemia. He was treated according to modified ALL BFM 95 protocol. He exhibited a sudden **weight gain**, abdominal pain, ascites, edema, hepatomegaly and fever in protocol II. There was rapid worsening of symptoms with elevation of liver enzymes, thrombocytopenia and respiratory failure due to ascites. Doppler sonography was not suggestive of diagnosis but the liver biopsy sample correlated with acute VOD. After receiving supportive treatment he recovered completely. As a result, veno-occlusive disease of the liver should be considered in children who develop **weight gain**, a sudden drop in platelet count with derangement of liver enzymes while receiving chemotherapy.

L17 ANSWER 8 OF 9 EMBASE
AN 1999175260 EMBASE
TI Pediatric migraine headache diagnosis, evaluation, and management..
AU Wasiewski W.W.; Rothner A.D.
CS Dr. W.W. Wasiewski, Department of Pediatric Neurology, Lancaster Health Alliance, LGMG Child Neurology Associates, 2108 Harrisburg Pike, Lancaster, PA 17601, United States
SO Neurologist, (1999) Vol. 5, No. 3, pp. 122-134. .
Refs: 55
ISSN: 1074-7931 CODEN: NROLFW
CY United States
DT Journal; General Review
FS 007 Pediatrics and Pediatric Surgery
008 Neurology and Neurosurgery
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
SL English
ED Entered STN: 10 Jun 1999
Last Updated on STN: 10 Jun 1999
AB BACKGROUND - The diagnosis of migraine headache in children has been recognized since 1955; however, many children with migraine are given inappropriate diagnoses and are undertreated. Now that more appropriate diagnostic criteria have been published, the recognition of migraine in children should improve significantly, and appropriate treatment should be administered. With improved recognition, more accurate prevalence data

can be obtained. REVIEW SUMMARY - In this review, we discuss the diagnostic criteria for migraine with and without aura in children. We present a clinical review of migraine symptoms in children and review several migraine syndromes and migraine variants. We discuss acute and preventative therapy in detail. CONCLUSION - Migraine headache in children is an easily recognized and treatable disorder. Appropriate episodic and preventive therapy can reduce the severity and frequency of headache. Whether treatment early in life alters the natural history of the disorder is not yet known, however, it clearly reduces the disease burden.

L17 ANSWER 9 OF 9 EMBASE
AN 1999058281 EMBASE
TI Therapy for type 2 diabetes: Where do we stand after the UK prospective diabetes study?.
AU Lopez-Liuchi J.V.; Meier C.A.
CS J.V. Lopez-Liuchi, Div. d'Endocrinologie/Diabetologie, Departement de Medecine Interne, Hopital Universitaire de Geneve, Rue Micheli-du-Crest 24, 1211 Geneva 14, Switzerland
SO European Journal of Endocrinology, (1999) Vol. 140, No. 1, pp. 4-6. .
Refs: 11
ISSN: 0804-4643 CODEN: EJOEEP
CY Norway
DT Journal; General Review
FS 003 Endocrinology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
ED Entered STN: 28 Apr 1999
Last Updated on STN: 28 Apr 1999

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     (FILE 'HOME' ENTERED AT 11:39:28 ON 13 JUN 2006)

     FILE 'MEDLINE, CAPLUS, BIOSIS, EMBASE' ENTERED AT 11:40:01 ON 13 JUN 2006
L1         57936 S (CARVEDILIL OR SPIRONOLACTONE OR ATENOLOL)
L2           321 S L1 AND (WEIGHT GAIN)
L3           196 S L2 AND PY > 1998
L4           183 DUP REM L3 (13 DUPLICATES REMOVED)
L5           125 S L2 NOT PY >1998
L6            95 DUP REM L5 (30 DUPLICATES REMOVED)
L7             0 S (CARVEDILIL AND WEIGHT GAIN)
L8             0 S (CARVEDILIL)
L9          8946 S CARVEDILOL
L10           27 S L9 AND WEIGHT GAIN
L11           24 DUP REM L10 (3 DUPLICATES REMOVED)
L12            2 S L11 NOT PY > 1998
L13        54707 S (BETA BLOCKER?)
L14          178 S L13 AND (WEIGHT GAIN)
L15            0 S L4 NOT PY > 1998
L16            9 S L4 NOT PY > 1999
L17            9 DUP REM L16 (0 DUPLICATES REMOVED)
L18        34417 S (ATENOLOL)
L19            0 S L18 AND (WEGITH GAIN)
L20          174 S L18 AND (WEIGHT GAIN)
L21           75 S L20 NOT PY > 1999
L22        24404 S (SPIRONOLACTONE)
L23          152 S L22 AND (WEIGHT GAIN)
L24           59 S L23 NOT PY > 1998

     FILE 'STNGUIDE' ENTERED AT 11:53:21 ON 13 JUN 2006
L25            0 S L1 AND (CACHEXIA)
L26            0 S CACHEXIA
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